



#3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---------------------------|---|----------------------------|
| In Re Application of |) | |
| AMOS YAHIL et al. |) | FOR: SYSTEM AND METHOD FOR |
| |) | PREDICTION OF BEHAVIOR OF |
| Serial No.: 09/404,122 |) | COMPLEX SYSTEMS |
| |) | |
| Filed: September 23, 1999 |) | Group |
| |) | Art Unit: 2761 |

LETTER IN RESPONSE TO NOTICE TO FILE
MISSING PARTS OF APPLICATION

Assistant Commissioner for Patents
Washington, D.C. 20231
Box Missing Part

Dear Sir:

In response to the Notice to File Missing Parts of Application - Filing Date Granted,
which was mailed by the Office on October 27, 1999, enclosed are the following:

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope addressed
to: Assistant Commissioner for Patents, Washington, DC 20231 on:

December 27, 1999

(Mailing Date)

ELEANOR M. MUSICK

(Typed Name)

Eleanor M. Musick

(Signature)

December 27, 1999

(Date of Signature)


1. A check in the amount of \$65 for the surcharge fee;
2. Office's copy of Form PTO-1533 as required;
3. Executed Declaration/Power of Attorney;
4. Executed Verified Statement Claiming Small Entity Status - Small Business Concern (previously filed November 23, 1999 - copy enclosed for your reference); and
5. Return postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4070. A duplicate copy of this letter is enclosed.

Respectfully submitted,

Dated: 27 Dec. 99

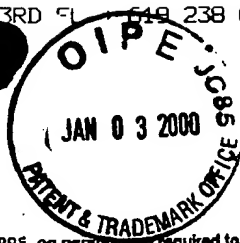
By:


Eleanor M. Musick
Attorney for Applicant
Registration No. 35,623

BROWN, MARTIN, HALLER & McCLAIN
1660 Union Street
San Diego, California 92101

Telephone: (619) 238-0999
Facsimile: (619) 238-0062

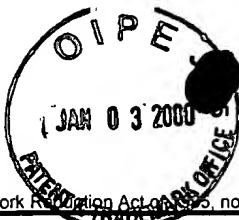
Docket No.: 7674-PA01



Approved for use through 09/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|--|--------------------------|
| STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27 (c)) — SMALL BUSINESS CONCERN | | Docket Number: 7684-PA01 |
| Applicant, Patentee, or Identifier: <u>AMOS YAHIL, et al.</u> | | |
| Application or Patent No.: <u>09/404,122</u> | | |
| Filed or Issued: <u>SEPTEMBER 23, 1999</u> | | |
| Title: <u>SYSTEM AND METHOD FOR PREDICTION OF BEHAVIOR OF COMPLEX SYSTEMS</u> | | |
| I hereby state that I am: | | |
| <input type="checkbox"/> the owner of the small business concern identified below: | | |
| <input checked="" type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below: | | |
| NAME OF SMALL BUSINESS CONCERN <u>ROBERT PAXON</u> | | |
| ADDRESS OF SMALL BUSINESS CONCERN <u>11 NIGHT HERON DRIVE, STONY BROOK, NY 11790-1107</u> | | |
| <p>I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year, and (2) concerns are affiliates of each when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.</p> | | |
| <p>I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:</p> | | |
| <input type="checkbox"/> the specification filed herewith with title as listed above. | | |
| <input checked="" type="checkbox"/> the application identified above. | | |
| <input type="checkbox"/> the patent identified above. | | |
| <p>If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).</p> | | |
| <p>Each person, concern, or organization having any rights in the invention is listed below:</p> | | |
| <input type="checkbox"/> No such person, concern, or organization exists. | | |
| <input type="checkbox"/> Each such person, concern, or organization is listed below. | | |
| <p>Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)</p> | | |
| <p>I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b)).</p> | | |
| NAME OF PERSON SIGNING <u>RICHARD PUETTER</u> | | |
| TITLE OF PERSON IF OTHER THAN OWNER <u>MANAGING DIRECTOR</u> | | |
| ADDRESS OF PERSON SIGNING <u>UNIVERSITY OF CALIFORNIA, SAN DIEGO: 9500 GILMAN DRIVE, MC 0424, LA JOLLA, CALIFORNIA 92093</u> | | |
| SIGNATURE <u>R. Puetter</u> | | DATE <u>11/23/99</u> |



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FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$65.00)

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 09/404,122 |
| Filing Date | September 23, 1999 |
| First Named Inventor | AMOS YAHIL |
| Examiner Name | Unknown |
| Group / Art Unit | 2761 |
| Attorney Docket No. | 7684-PA01 |

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number
Deposit Account Name
☒ Charge Any Additional Fee Required Under 37 C.F.R. §§1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|----------|
| 101 | 760 | 201 | 380 | Utility filing fee | |
| 106 | 310 | 206 | 155 | Design filing fee | |
| 107 | 480 | 207 | 240 | Plant filing fee | |
| 108 | 760 | 208 | 380 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|---|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="text" value="20"/> | <input type="text" value="20"/> | X <input type="text" value="20"/> | = <input type="text" value="20"/> |
| <input type="text" value="3"/> | <input type="text" value="3"/> | X <input type="text" value="3"/> | = <input type="text" value="3"/> |
| <input type="text" value="Multiple Dependent"/> | | | |

**or number previously paid, if greater. For Reissues, see below.

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 78 | 202 | 39 | Independent claims excess of 3 |
| 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |
| 109 | 78 | 209 | 39 | **Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------------|-----------------------|-----------------------|-----------------------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | \$65.00 |
| 127 | 50 | 227 | 25 | Surcharge - Late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 380 | 216 | 190 | Extension for reply within second month | |
| 117 | 870 | 217 | 435 | Extension for reply within third month | |
| 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | |
| 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | |
| 119 | 300 | 219 | 150 | Notice of Appeal | |
| 120 | 300 | 220 | 150 | Filing a brief in support of appeal | |
| 121 | 260 | 221 | 130 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | |
| 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | |
| 143 | 430 | 243 | 215 | Design issue fee | |
| 144 | 580 | 244 | 290 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other fee (specify) _____ | | | | | |
| Other fee (specify) _____ | | | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$65.00)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|-------------------|-----------------------------------|-------------------|-----------|----------------|
| Name (Print/Type) | ELEANOR M. MUSICK | Registration No. (Attorney/Agent) | 35,623 | Telephone | (619) 238-0999 |
| Signature | | Date | December 27, 1999 | | |

SECTOR ~~1~~

PTO/SB/21 (6-98)
Approved for use through 9/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----------------------|------------------------|-----------|
| TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i> | Application Number | 09/404,122 | |
| | Filing Date | September 23, 1999 | |
| | First Named Inventor | AMOS YAHIL | |
| | Group Art Unit | 2761 | |
| | Examiner Name | Unknown | |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 7684-PA01 |

| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Small Entity Statement (copy only) <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Copy of Form PTO-1533; Executed Declaration/Power of Attorney; and Return Postcard. |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|--------------------------------------|-----------------|
| ATTORNEY NAME | ELEANOR M. MUSICK | REG. NO. 35,623 |
| FIRM | BROWN, MARTIN, HALLER & McCLAIN, LLP | |
| SIGNATURE | | |
| DATE | December 27, 1999 | |

| CERTIFICATE OF MAILING | | | |
|--|-------------------|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 27, 1999 | | | |
| Typed or printed name | ELEANOR M. MUSICK | | |
| Signature | | Date | December 27, 1999 |

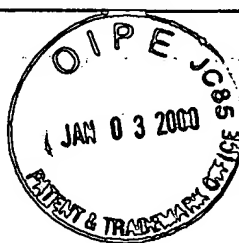


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE |
|--------------------|---------------------|-----------------------|---------------------------|
|--------------------|---------------------|-----------------------|---------------------------|

09/404,122 09/29/99 YAHIL

0232/1027



ELEANOR M MUSICK
BROWN MARTIN HALLER & MCCLAIN LLP
1660 UNION STREET
SAN DIEGO CA 92101

NOT ASSIGNED

2761

DATE MAILED:

10/27/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a

☐ small entity (statement filed) ☒ non-small entity is \$ 130.

☐ 1. The statutory basic filing fee is:

- ☐ missing.
- ☐ insufficient.

Applicant must submit \$_____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. The following additional claims fees are due:

- \$_____ for _____ total claims over 20.
- \$_____ for _____ independent claims over 3.
- \$_____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

- ☒ is missing or unsigned.
- ☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice **MUST** be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

BEST AVAILABLE COPY

7/2000 NPROSASO 00000044 09404122

65.00 EP

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